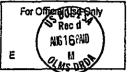
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E CASOROL	
1 File Number U 8878	2. Fiscal Year Covered From
	01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number and address of labor organization
Name Verne Keyes	Name U A Local 350
	Labor Organization File Number 040098
PO Box Bidg Room No if any	P O Box, Building and Room Number if any
Street 1110 Greg St	Street 1110 Greg St
City Sparks,	City Sparks
State XIP Code + 4 _89431	State NV ZIP Code + 4 89431
5 Position in labor organization	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate. 6 Name and address of Employer (including trade name if any) Name Trade Name if any	derived income or other economic benefit of ion represents or is actively seeking to represent. 7 a. Nature of Interest, Transaction, or Income
PO Box Bldg Room No If any	No Reportable Transactions 7 b Amount
Street	
City	-0-
State , ZIP Code + 4	(
Signature The same of the same	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
Signed Oene Begas	On _8/15/2005 775-359_2142 Telephone Number

Name of Person Filing Verne Keyes	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Nате	 a Labor Organization
Trade Name if any	_ a Labor Organization b Trust
PO Box, Bldg Room No If any	c Employer
Street	
City	anga open melle mellen de
State ZIP Code + 4 1	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing
Name :	
Trade Name if any	No Reportable Transactions
PO Box Bldg Room No if any	
Street	11 b Approximate dollar value of such dealing 1 -0-
City	12 a Nature of interest heid or income received
State ZIP Code + 4	
	No Reportable Transactions
	12 b Amount. ————————————————————————————————————
C Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name	
Trade Name if any	
PO Box Bidg Room No If any	No Reportable Transactions
Street	-
City (
State ZtP Code + 4	and the second that the control of the second to the second that the second to the sec
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.